

2/6315

CLASS C REINSTATEMENT FORM

File the original with:

Public Service Commission of South Carolina
Docketing Department
Motor Carrier Matters
P.O. Box 11649
Columbia, S.C. 29211
(803) 896 - 5100
FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
Columbia, S.C. 29201
(803) 737-0578
FAX (803) 737-0815

DATE: _____

2006-132-T

Please consider this an application for Reinstatement of my:

- ☒ Taxi Certificate Number 7698
☐ Charter Certificate Number _____
☐ Charter Bus Certificate Number _____
☐ Non-Emergency Certificate Number _____

My certificate was revoked/cancelled on 8/21/08 because I requested
(DATE)

a cancellation of my certificate

☒ I am seeking reinstatement because I have a 1999 montana Pont
I want to make A Taxi Cab

Rose Mary Alexander
(Name of Company)

DBA N/A
(if applicable)

*4425 Elderwood Dr.
(Street Address)

*
(Mailing Address if different from Street Address)

*Ladson S.C. 29456
(City, State, Zip Code)

*Rose Alexander
(Signature)

*843-609-4193
(Telephone Number)

* Cab Driver **RECEIVED**
(Title)

APR 16 2009

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Request for reinstatement of Class C Taxi Certificate

Rose Mary Alexander

TEANIE-MAMA
TAXI

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2006 - 132 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Rose Mary Alexander

Address: 4425 Elderwood Dr.
Ladson, S.C. 29456

Telephone: 843-609-4193

Fax:

Other:

Email:

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application – Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application – Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application – Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application – Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application – Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input checked="" type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |